

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Alfonso Percy Lew (BT-7263)
Full Name of Plaintiff Inmate Number

v.

Lt. Sherman

Name of Defendant 1

Supt. Salamon

Name of Defendant 2

Unit Manager Knapp

Name of Defendant 3

Correctional Officer Lentz

Name of Defendant 4

Correctional Officer Pancost

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. _____

(to be filled in by the Clerk's Office)

Demand for Jury Trial

No Jury Trial Demand

FILED
HARRISBURG, PA

MAY 26 2021

PER EBM DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Pew, Alfonso, Percy

Name (Last, First, MI)

BT-7263

Inmate Number

S.C.I. Rockview

Place of Confinement

Box A.

Address

Bellefonte, PA. 16823

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

SHERMAN

Name (Last, First)

PREA Lt.

Current Job Title

1 Rockview Place

Current Work Address

Bellefonte, PA. 16823

City, County, State, Zip Code

Defendant 2:

SA(AMON Bobbi Jo

Name (Last, First)

Superintendent

Current Job Title

1 Rockview Place

Current Work Address

Bellefonte, PA. 16823

City, County, State, Zip Code

Defendant 3:

KnAPP

Name (Last, First)

Unit Manager

Current Job Title

1 Rockview Place

Current Work Address

Bellefonte, PA. 16823

City, County, State, Zip Code

Defendant 4:

LENTZ

Name (Last, First)

Correctional Officer

Current Job Title

1 Rockview Place

Current Work Address

Bellefonte, PA. 16823

City, County, State, Zip Code

Defendant 5:

Pancost/ or Pancourt

Name (Last, First)

Correctional Officer

Current Job Title

1 Rockview Place

Current Work Address

Bellefonte, PA. 16823

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

At medical cell #3 Lt. Sherman was personally made aware of imminent danger of serious physical harm to the Plaintiff life by Officers Friday April 23rd 2021.

B. On what date did the events giving rise to your claim(s) occur?

On May 15th 2021 Plaintiff was physically assaulted by Officers and sexually abused.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

① On April 26th 2021 Lt. Sherman moved Plaintiff to G-B Unit where Plaintiff had put a PICA Statement asking not to be sent because of Officers there and as a result of Lt. Sherman actions Plaintiff was hurt by Correctional Officers Lentz and Pancourt Pancourt 515121.

② On April 27th 2021 Superintendent Salomon did not take action to protect Plaintiff safety by (a) Separation request from G-B Unit Officers (b) Camera movement restriction Plaintiff requested which the failure caused Plaintiff to be assaulted physically and sexually abused by Officers Lentz and Pancourt on G-B Unit 515121.

③ Lt. Sherman, Supt. Salomon, Unit Manager Knepp each were made aware of the risk of harm and danger Officers on G-B Unit were to Plaintiff by 3 page Commonwealth Sworn Statement given to Lt. Sherman April 26th 2021.

④ Correctional Officers Lentz and Pancourt Pancourt on 5-15-21 inside a property room on G-B Unit physically assaulted Plaintiff who was ^{Page 4 of 6} in full waist restraints and cuffs through being sexually abusing Plaintiff, sexually harassing Plaintiff and threatening the Plaintiff with death.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1. Lt. Sherman was deliberately indifferent and failed to protect Plaintiff by not making a stop to Plaintiff move to G-Unit violating 8th Amendment. Supt. Salamon was deliberately indifferent and failed to grant Plaintiff request for separation from G-Unit Officers and to be placed on career restriction for all movements violating 8th Amendment. Unit Manager Knapp had general knowledge of risk of harm to Plaintiff and failed to protect Plaintiff safety on G-B Unit violating 8th Amendment. Officers ENZI and PANCOSI/PANCOO physical assault and sexual abuse of Plaintiff with sexual harassment and threats of death violated 8th Amendment. State Claims PA. Cust. Act 1 Sec. 13 State TCAT negligence and Professional Negligence.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Pain and Suffering to Head/Brain, Neck, Lower Back and TRAUMA Physically.

VI. RELIEF

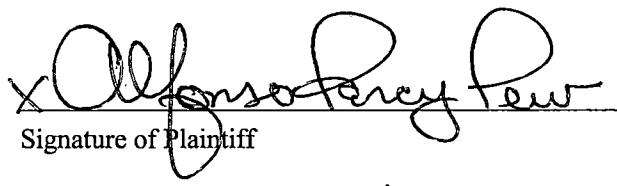
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Declaratory Judgment rights Violated.
Equitable Order/Preliminary Relief
Damages: Monetary Rewards/Punitive, Compensatory, Nominal.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Alfonso Perez Fierw

Signature of Plaintiff

5-17-21

Date

Mr. A. L. Fenso
Box A
Bellefonte, PA.
No. 3262
Oct. 31, 1900
Received 3
S. C. G.
Rockwood
1600.

U.S. POSTAGE: PIRNEY BOWES

118 PROSTACEVICH

33. POSTAGE & PAYMENT BOWES

ZIP 16823 \$ 001.30⁰
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INMATE MAIL
PA DEPT OF
CORRECTIONS

RECEIVED
HARRISBURG, PA

二〇〇二年八月

DEPUTY CLERK